

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010870

STATE FILE NUMBER

Registration District No. 93

Primary Registration District No. 5291

Registrar's No. 41

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 9 1963

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Liberty, Mo

Length of stay in 1b

4 mo

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

VOOF Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Jackson

c. CITY OR TOWN

Independence, Mo

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

11610 East 25th

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

Mary E. Phillips

4. DATE OF DEATH

Mar 26 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

MAY 1-1894

9. AGE (last birthday)

65

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

East France, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

F.M. Butler

13b. MOTHER'S MAIDEN NAME

Mattie Scott Butler

14. NAME OF HUSBAND OR WIFE

Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Mr. F.M. Butler, Lone Jack, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CVA

INTERVAL BETWEEN ONSET AND DEATH

6 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1962 to Mar 26 and last saw her alive on Mar 26-63
Death occurred at 12 noon on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. W. H. Gadsden

22b. ADDRESS

Liberty, Mo

22c. DATE SIGNED

3/26/63
(State)

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Mar. 28, 1963

23c. NAME OF CEMETERY OR CREMATORY

Lone Jack Cemetery

23d. LOCATION (City, town, or county)

Lone Jack, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Langsford Funeral Home

Lee's Summit, Mo.

25. DATE RECD. BY LOCAL REG.

3-27-63

26. REGISTRAR'S SIGNATURE

Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 6000

2 70052

3

4 1

5 3

6

7 0

8 0

9 331X

10

11

12 86.0

13 3.0

APR 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

N. B. Langford Jr.

Licensed Embalmer No.

4962

P. O. Address

Leila Summit, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.